

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/24/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 095015	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/20/2009
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NAME OF PROVIDER OR SUPPLIER

AROLYN BOONE LEWIS HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1380 SOUTHERN AVE SE
WASHINGTON, DC 20032

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS	K 000		
K 017 SS=D	<p>A Life Safety Code Inspection was conducted at your facility on May 20, 2009, the following findings were observed:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life safety code Survey it was determined that smoke barrier walls were not in good condition to prevent the passage of smoke in the event of a fire, basement wall surfaces in two (2) of two (2) observations at 1:45 PM on May 20, 2009, Recreation/Dining area in two (2) of two (2) observations at 1:55 PM on May 20, 2009, Recreation Exit Area in one (1) of one (1) observation at 2:15 PM on May 20, 2009. First floor Day room in two (2) of four (4) observations</p>	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Walter Brasfield**Interim Administrator*

6/30/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 000	INITIAL COMMENTS	K 000			
K 017 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5</p> <p>This STANDARD is not met as evidenced by: Based on observations during the Life safety code Survey it was determined that smoke barrier walls were not in good condition to prevent the passage of smoke in the event of a fire, basement wall surfaces in two (2) of two (2) observations at 1:45 PM on May 20, 2009, Recreation/Dining area in two (2) of two (2) observations at 1:55 PM on May 20, 2009, Recreation Exit Area in one (1) of one (1) observation at 2:15 Pm on May 20, 2009. First floor Day room in two (2) of four (4) observations</p>	K 017			

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K 017	<p>Continued From page 1</p> <p>at 2:25 PM on May 20, 2009, The entrance door to the first floor Day Room in one (1) of one observation at 2:30 PM on May 20, 2009, and the stairwell door on unit 3 North in one (1) of one (1) observation at 3:45 PM on May 20, 2009.</p> <p>These Findings were observed in the presence of the Facility Engineer</p> <p>The findings include:</p> <p>Smoke barrier walls were not in good condition to prevent the passage of smoke in the event of a fire as evidenced by opening in wall surfaces above ceiling tiles.</p> <p>Basement</p> <p>1. A 2 inch penetration was observed around communication wires and BX cable in wall surfaces near the exit door in two (2) of two (2) observations at 1:45 PM on May 20, 2009.</p> <p>2. A 2 inch penetration was observed in wall surfaces around communication wires above the entrance to Recreation/Dining area in two (2) of two (2) observations at 1:55 PM on May 20, 2009.</p> <p>3. A 2 X 2 inch penetration was observed in wall surfaces around wires above the exit door in the Recreation Exit Area in one (1) of one (1) observation at 2:15 PM on May 20, 2009.</p> <p>First Floor</p> <p>1. A 7 to 8 inch opening was observed around wires</p>	K 017	<p>K 017</p> <p>1. All penetrations were patched day of survey.</p> <p>2. In future Maintenance staff will monitor all work done by outside contractors to ensure that all penetrations are sealed.</p> <p>3. Rounds will be made monthly to check and document any penetrations above fire doors.</p> <p>4. Findings will be reported at Quarterly CQI Committee meeting.</p> <p>5. Completed.</p>	<p>5/20/09</p> <p>5/20/09</p>	

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K 017	Continued From page 2 the television set and a 2 inch penetration was observed around conduit in the Day room in two (2) of four (4) observations at 2:25 PM on May 20, 2009. 2. A 2-3 inch penetration was observed in wall surfaces above the entrance door to the Day Room in one (1) of one observation at 2:30 PM on May 20, 2009. Third Floor 1. A 4 inch penetration was observed above the stairwell door on unit 3 North in one (1) of one (1) observation at 3:45 PM on May 20, 2009.	K 017			
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 5PU621 Facility ID: HCl If continuation sheet Page 4 of 4